## NEW HAMPSHIRE DEPARTMENT OF AGRICULTURE, MARKETS & FOOD DIVISION OF ANIMAL INDUSTRY



## APPLICATION FOR PERMIT TO OPERATE BULK TANK PICK-UP SYSTEM OF COLLECTING MILK

Relief Driver Name Name Name Name Naddress Name Name Name Name Name Name Name Name	
Relief Driver Name Address V List of producers. (Use back or separate sheet if necessary.)  NAME: ADDRESS:  Route designation reby agree to notify the New Hampshire Department of Agriculture, Madrivers.  clare the above statements are true under the penalties of perjury.  Date Signature te checks payable to: Treasurer, State of New Hampshire. Fee of \$5.00 must accompany application.  I to: NH Department of Agriculture, Markets & Food	y RSA 434:41?
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Division of Animal Industry	

Concord, NH 03302-2042.

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